



# East Windsor Housing Authority

1A Park Hill,  
Broad Brook, CT 06016  
Tel: 860-623-8467 Fax: 860.623.8554  
ewha1966@gmail.com



## APPLICATION FOR HOUSING

Application for: \_\_\_\_\_  
Single Occupancy: \_\_\_\_\_

App. No: \_\_\_\_\_

Double Occupancy: \_\_\_\_\_

Points: \_\_\_\_\_

Date Received: \_\_\_\_\_

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**DO NOT WRITE ABOVE THIS LINE**

I hereby certify that the information I am providing is the full truth. I understand that according to Connecticut General Statue, Section 8-116a(4), any person making a false statement on said application may be fined up to \$500, or imprisoned up to six (6) months or both. By affixing my/our signatures to this application, the applicant(s) is (are) authorizing the East Windsor Housing Authority to conduct a complete background, credit and criminal history on the listed applicant(s). The Authority collects a fee of \$13.75 per applicant for screening services. This fee is due when an application is selected from the waiting list. This is a non-refundable fee. Any applicant rejected because of information attained in the screening process will be notified of validation procedures in writing from this agency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## INFORMATION SHEET FOR HOUSING APPLICATION

The Park Hill Elderly/Disabled Housing currently consists of eighty-four (84) units, including handicapped units, and is operated on a non-discriminatory basis in accordance with our Fair Housing Policy.

All information on the application will be kept confidential.

### INCOME LIMITS:

Minimum income needed for single person occupancy is \$12,360  
Maximum income allowed for single person occupancy is \$45,500

Minimum income needed for a couple is \$13,164  
Maximum income allowed for a couple is \$52,000

Rent is based on household income:

Minimum rent is \$309.00 for an efficiency unit and \$329.00 for double occupancy unit.  
Maximum rent is \$1,365.00 for an efficiency and unit \$1,560.00 for a double occupancy unit.

All applications must be signed by the applicant and returned to the East Windsor Housing Authority with the necessary documentation.

Apartments are offered as they become available. If the apartment is rejected by an applicant, the applicant is removed from the waiting list. All applications are purged after one year from the date it is received.

If you have any questions or require assistance completing this application, please call the office at 860-623-8467.

To inquire as to your position on our waiting list, please send written request to 1A Park Hill Broad Brook, CT 06016. Attention Wait List Administrator. Provide your full return address information.



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## APPLICANT INFORMATION:

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

Are you an U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when did you enter this country: \_\_\_\_\_

Do you have a sponsor: Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please fill in the following information:

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## SPOUSE'S INFORMATION (IF APPLICABLE)

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

S. S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

Are you an U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when did you enter this country: \_\_\_\_\_

Do you have a sponsor: Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please fill in the following information:

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

We are required to perform a demographics survey of all housing applicants. This information is voluntary. The data will be kept confidential and will only be used as required by government law or regulation.

Please check all that apply:

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
☐ Not Listed or Do Not Wish to Disclose

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**INCOME (Monthly) - Must provide proof of income**

Social Security: \_\_\_\_\_

SSD or SSI: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Employer: \_\_\_\_\_

Hours/week: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

**[Please provide 4 most recent paystubs or a copy of most recent W2]**

Bank Accounts: \_\_\_\_\_

C.D.'s \_\_\_\_\_

IRA's: \_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_

Trust Account: \_\_\_\_\_

Name of Bank where trust is held: \_\_\_\_\_

**[Please provide 2 most recent statements from each account listed above]**

Do you own any property: Yes \_\_\_\_\_ No \_\_\_\_\_

Location of property: \_\_\_\_\_

\_\_\_\_\_

If you are collecting SSD or SSI; please provide a copy of the current TPQY from The Social Security Administration with the application.

Are you collecting benefits under another's social security number?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Do you have the following insurances:

Medicare - Parts A and B: Yes \_\_\_\_\_ No \_\_\_\_\_

Title 19 - Medicaid: Yes \_\_\_\_\_ No \_\_\_\_\_

If you are receiving disability benefits, do you have a representative payee:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please fill in the following information:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you in the program Money Follows the Person? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please fill in the following information:

Agency responsible: \_\_\_\_\_

Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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#### INFORMATION ON CURRENT HOUSING:

Are you currently participating in any subsidy programs:

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list \_\_\_\_\_

Have you ever been evicted: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**LIVING SITUATION:**

- a) Are you homeless? Yes \_\_\_\_\_ No \_\_\_\_\_
- b) Living a shelter? Yes \_\_\_\_\_ No \_\_\_\_\_
- c) Transitional Housing? Yes \_\_\_\_\_ No \_\_\_\_\_
- d) Living in a documented physically or emotionally abusive situation
- e) Yes \_\_\_\_\_ No \_\_\_\_\_
- f) Living in overcrowded conditions in own housing unit (ie: 1.5 persons per room)  
Yes \_\_\_\_\_ No \_\_\_\_\_
- g) Unable to maintain property and/or physically navigate property because of age or disability Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any, please provide specific details:

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Has your current place of residence been condemned or verified to have serious code violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Does your current place of residence have inadequate heating, plumbing or cooking facilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Are you living in temporary housing with others because of conditions beyond your control (i.e condemnation, foreclosure, fire, loss of job, etc)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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**LANDLORD INFORMATION: Please complete the following information beginning with the most recent:**

Name of landlord: \_\_\_\_\_ How long: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Does this include utilities: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of previous landlord: \_\_\_\_\_ How long: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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**CRIMINAL HISTORY**

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain citing all specifics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

Are you a veteran of military service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide documentation of veteran status.

**SPECIAL NEEDS FOR HOUSING:**

Are you disabled per Social Security Disability or other federal agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please provide pertinent documentation.

Do you require a wheelchair accessible apartment? Yes \_\_\_\_\_ No \_\_\_\_\_

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Do you own any pets: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list how many and what type: \_\_\_\_\_

## VEHICLE INFORMATION

Do you own a vehicle which you would continue to use if housed in this complex?

Yes \_\_\_\_\_ No \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Registration no: \_\_\_\_\_

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## IN CASE OF EMERGENCY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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## REFERENCES

Please include references of someone (other than a family member) who has known you for five (5) years or more:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel. No: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_



Tel. No: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#### Applicant/Tenant Information Release Statement

I understand that the East Windsor Housing Authority is required by Connecticut State Law to verify income and information relative to all applications for admission to Park Hill and to re-examine annually the income of all residents.

I hereby authorize the East Windsor Housing Authority to obtain and/or verify any information relative to my application, or re-examination for continued occupancy. I also give permission for the Housing Authority to obtain information concerning my financial obligations, landlord references, and medical expenses. I also authorize the Housing Authority to conduct credit and criminal background checks.

I authorize permission for the release of information regarding character references and rental history.

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the East Windsor Housing Authority and will stay in effect until terminated in writing by the undersigned.

Applicant Signature \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_